2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #L05000118998



FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90209 042 ****50.00

1. Entity Nam RIVER LE		PROPERTIES LLC								
Principal Plac	e of Business	s	Mailing Address			1			·	
2726 ANNETTE ST Flagler BCH, Fl 32136			PO BOX 2537 FLAGLER BCH, FL 32136							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02142006	Chg-LLC	CR2E0	83 (11/05)	•	
City & State		City & State		4. FEI Numb	er		_ _	plied For t Applicable		
Zip	Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent					News	7. Name and	Address of New Re	gistered A	gent	
KORBACH	KEVIN				Name					
2726 ANN FLAGLER	ETTE ST	32136			Street Address (P.O. Box Number is Not Acceptable)					
:		1			City	<u> </u>		FL	Zip Code	
the obligat	named entity ions of regist	y submits this statement for ered agent	the purpose of changing its	registere	ed office or registe	ered agent, or bo	th, in the State of Flor	rida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title d applicable. (NOT	E. Registerer	d Agent signature require	d when reinstating)		DATE		
	s \$50.00 y 1, 2006						check pa Departme	ayable to ent of State	,	
9.	1	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/0	CHANGES		
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STREET ADDRESS	PO BOX 2			NAME	et address					
CITY-ST-ZIP		BCH, FL 32136		- 6	C. AUGIESO					
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #